

**California Department of Health Services
Refugee Health Section**

**Providing Culturally & Linguistically Competent
Services for Refugees and Asylees
Who May Have Mental Health Needs**

Registration Form and Questionnaire

(Please complete the registration form and the applicable questionnaire).

Training is free of charge, registration is required.

(Make additional copies if needed)

Please fax or e-mail registration form and questionnaire to:
Elsa Delgado—Fax: 916/552-8260; E-mail: edelgado@dhs.ca.gov
(Please type or print clearly)

Name: _____

Title: _____

Agency: _____

Address: _____

E-mail: _____

Phone # _____ Fax: _____

ATTENDANCE

I will be attending: *(please enter location and date from list provided)*

For Health Care Providers (Mondays) 1 day training

For Interpreters (Tuesdays) 1 day training

☐ **Date**

☐ **Date:**

Location:

Location:

Registration: 8:00–8:30 a.m.
Training: 8:30 a.m.–5:00 p.m.

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Training: 8:30 a.m.–5:00 p.m.

 **Continental Breakfast, Lunch and Afternoon break will be provided.**

Continuing Education Credits:

Physicians: This is an activity offered by the California Department of Health Services, a CMA-accredited provider. Physicians attending this course may report up to 7 hours of Category I credits toward the California Medical Association's Certification in Continuing Medical Education and the American Medical Association's Physicians Recognition Award.

Nurses: The California Department of Health Services is approved by the California Board of Registered Nursing for 7 contact hours.

Certificate of Attendance will be issued for all others (MFT, LCSW, CHES. Etc..)

If you have any questions regarding the training information, please contact
Elsa Delgado at 916/552-8254, E-mail: edelgado@dhs.ca.gov